



**Iowa WIC Program  
Special Purpose Vendor  
Application**

October 1, 2015 – September 30, 2018

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**Iowa Department of Public Health  
Bureau of Nutrition & Health Promotion  
321 East 12<sup>th</sup> Street  
Des Moines, Iowa 50319-0075**

**515.281.6650**

Return the completed original application, price survey, and vendor site survey by US mail  
to:

**Iowa Department of Public Health, Attn: WIC Program**

Return by: \_\_\_\_\_

**Incomplete applications will be denied.**  
**Retain a copy for store records.**



*Promoting and Protecting the Health of Iowans*

**APPLICATION RECEIVED BY IOWA WIC OFFICE**

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

**-----FOR STATE WIC PROGRAM USE ONLY-----**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

S/A APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_ COMPUTER ENTRY: \_\_\_\_\_

COMMENTS:


**-----FOR USE DURING ON-SITE REVIEW-----**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

S/A APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_ COMPUTER ENTRY: \_\_\_\_\_

COMMENTS:


# Special Purpose Vendor Application

**Directions** Complete all sections of the application. Send your completed application to the Iowa Department of Public Health at the address listed on the cover of this application packet.  
**It is recommended that you make a copy of this application prior to mailing it because it will not be returned.**

## Business information

Name of store:			
Contact person and position:			
Street address:			
Suite #:		PO Box:	
City, State:			
Zip code:		Plus 4:	
County:			
Store telephone number:		Fax number:	
Contact person email address			
State tax identification number:			
Federal Employer Identification Number (EIN):			
Bank name:			
Bank telephone number			

## Business integrity

1. Have you or any of the officers or owners of this business had a conviction or civil judgment related to business integrity (for example, fraud, theft) entered against them in the last six years?	Yes	No
2. Has your business had a WIC Program suspension or civil monetary penalty imposed or application denied within six months of the date of this application?	Yes	No
3. Has your business had a Food Assistance (Supplemental Nutrition Assistance Program – SNAP) disqualification or civil monetary penalty imposed within 12 months of the date of this application?	Yes	No
<b>Note: If you answered yes to any of the above questions, stop here and return the application to the Iowa Department of Public Health. The information you have given us will not allow your business to be considered for WIC approval at this time.</b>		

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## Special Purpose Vendor Application, Continued

### Ownership/ structure

Check the ownership structure that most accurately describes your business.

- ☐ Corporation/Chain (for example, Drugtown, Walgreens, Osco)  
☐ Partnership (for example, store independently owned by more than one person and supplied by AmeriSource, McKesson, etc.)  
☐ Sole Owner (for example, Medicap, Joe's Pharmacy independently owned store supplied by AmeriSource, McKesson, etc.)

### Square footage

What is the square footage of your business including sales and storage areas?

Square feet \_\_\_\_\_

### Registers

How many front-end registers do you have ?  
(excluding department registers)

Number of registers \_\_\_\_\_

Do you have scanning registers?		Yes	No
Do scanning registers identify WIC authorized items?		Yes	No
<b>What is the brand name and model of your debit/credit card readers and cash registers?</b>			
<b>Card Reader Information</b>		<b>Cash Register Information</b>	
Brand Name:		Brand Name:	
Model #:		Model #:	

### Food Assistance (Supplemental Nutrition Assistance Program – SNAP) Authorization

Have you applied for Food Assistance (SNAP) authorization?	Yes	No
Is your business currently authorized to accept Food Assistance (SNAP)?	Yes	No
If yes, what is your 7-digit Food Assistance (SNAP) Number?	_____	

### Hours of Operation

Retailers must maintain regular hours of operation, including a minimum of two, four-hour blocks of time on each of five days per week. List daily store hours.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours	Hours	Hours	Hours	Hours	Hours	Hours

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## Special Purpose Vendor Application, Continued

### Owner information (Resident or Corporation information – not business location)

Name of owner:			
Suite # or PO Box #	Suite #:	PO Box #:	
Street address:			
County:			
City, State:			
Zip code:		Plus 4-digits	
Telephone number:		FAX #:	
E-mail address			

### Previous ownership

Has your business been authorized to accept WIC food instruments under a previous owner?	Yes	No
Who was the previous owner?		
What was the previous Authorized WIC vendor number?		
What was the previous Food Assistance (SNAP) number?		

### Length of operation

How long has this business been in operation under current ownership?  
 Number of Years:\_\_\_\_\_ Number of Months:\_\_\_\_\_  
 New business Opening date:\_\_\_\_\_

### Retail Sales

#### Total Store Sales

What are your total store ANNUAL sales? \$\_\_\_\_\_  
 If you are a new business, what are your projected (estimated) total store ANNUAL sales? \$\_\_\_\_\_

#### Food Assistance (SNAP) Sales

What are your Food Assistance (SNAP) ANNUAL sales? \$\_\_\_\_\_  
 If you are a new business, what are your projected Food Assistance (SNAP) eligible ANNUAL sales? \$\_\_\_\_\_

#### WIC Sales

Do you anticipate that over 50 percent of your total sales will be from the redemption of WIC food instruments? Iowa WIC does not authorize stores projecting over 50 percent of the stores total sales will come from WIC food instrument redemptions. **Yes No**

#### Sales Documentation

The WIC Program may be required to verify a store's annual revenue from food sales. **Verifiable documentation must be presented upon request of the Iowa WIC Program. Verifiable documentation includes but is not limited to State tax forms, Federal tax forms, and/or daily retail sales and cash records**

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## Special Purpose Vendor Application, Continued

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**Product  
Inventory  
Requirements**

Special Purpose Vendor agreements do not require stores to maintain a minimum inventory level. However, Special Purpose Vendors are required to be able to furnish infant formula within 48 hours or within 72 hours if a weekend or a holiday is involved.

Does your store have the ability to furnish infant formula within 48 hours  
(Within 72 if a weekend or holiday is involved?) Yes No

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**Pricing**

Retailer must be competitively priced with approved WIC Vendors of similar size and format in the area. The retailer agrees to charge overall prices for the supplemental foods that are within 5 percent of the average prices charged by all authorized WIC Vendors of the same size and type and within 15 percent for any single category of item.

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**Vendor Price  
Assessment  
Report Survey  
(PARS)**

Complete the attached WIC Approved Formula Price Assessment Report Survey (PARS). Prices submitted are subject to on-site verification by State Agency staff. Providing false/incomplete price data may affect your store's selection/continued participation with the Iowa WIC Program.

**Stores are required to submit PARS reports at the time the completed application is submitted. Random PARS are completed as needed to keep NTEs in line with competitive price changes, however PARS are completed at least every six months.**

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**Wholesaler/  
Distributor**

Primary infant formula supplier information is required. If information is not furnished, the application will not be considered.

<b>Infant formula wholesaler/distributor</b>		
Street address:		
City, State:		Zip code:
Formula contact person:		
Formula contact phone number:		

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I hereby certify that the information contained in this application is accurate and true to the best of my knowledge, and that I am authorized to make the application for this business. I agree that providing false information or failure to provide required information will result in denial of this application. Submission of this application does not authorize this business to accept WIC Program food instruments.

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**Date****Signature and Title**

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**Print Name**

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**Applications must be returned within 60 days from the time of receipt.**

**Applications received by the Program 60 days after receipt by the Retailer will not be considered.**

**The applicant will be required to wait 6 months before reapplying.**

**Incomplete applications will be denied.**